

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90049 029 ****50.00

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DOCUMENT # L04000004620 1. Entity Name SHARE LIFE LTD. CO.					
Principal Place of Business 5537 LEHIGH AVENUE, UNIT 9A ORLANDO, FL 32807			Mailing Address 5537 LEHIGH AVENUE, UNIT 9A ORLANDO, FL 32807		
2. Principal Place of Business 5537 Lehigh AVE Suite, Apt. #, etc. 9A		3. Mailing Address Suite, Apt. #, etc.			
City & State ORLANDO, FL 32807		City & State		4. FEI Number EIN-52-2441099	
Zip 32807		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ASIS, EASTER 5537 LEHIGH AVENUE, UNIT 9A ORLANDO, FL 32807				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASIS, EASTER 5537 LEHIGH AVENUE, UNIT 9A ORLANDO, FL 32807 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Easter Asis</u> <i>Asis</i> 4/25/2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					